

OPPE 4028
DEC 09 2005
PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

	Application Number	10/658,661
	Filing Date	September 8, 2003
	First Named Inventor	Ralf M. Luche
	Art Unit	1652
	Examiner Name	Rebecca E. Prouty
	Attorney Docket No.	200125.408C2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Transmittal <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <hr/> <hr/> <hr/> <hr/>
<u>Remarks</u>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500
Signature	<i>Mae Joanne Rosok</i>	
Printed Name	Mae Joanne Rosok	
Date	December 9, 2005	Reg. No. 48,903

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	***SENT VIA EXPRESS MAIL***	
Typed or printed name		Date:

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

DEC 09 2005

FEES TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$60)**

Complete if Known	
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other (please identify): _____

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
7	7-20 = 0	X _____	= _____	Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-3 or HP = 0	X _____	= _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	X _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Petition for 1-month Extension of Time

60

SUBMITTED BY

Signature	<i>Mae Joanne Rosok</i>	Registration No. (Attorney/Agent)	48,903	Telephone	206-622-4900
Name (Print/Type)	Mae Joanne Rosok		Date	December 9, 2005	